



India

Building Private Partnerships for Reproductive Health

In India, CEDPA focuses on helping non-governmental organizations implement family planning, reproductive health, child survival, and HIV/AIDS services and promote an enabling environment that strengthens women's and adolescents' decision making in terms of reproductive health.

Major areas of work during 1998-2003 were:

- Scaling up community-level, gender-sensitive, quality reproductive health (RH) services in three states by building the capacity of training centers, non-governmental organizations (NGOs), industries, cooperatives, and urban development agencies to deliver services and link with the public sector.
- Incorporating measures for sustaining RH service benefits, including social marketing and social entrepreneurship, cost reduction and recovery, community ownership and management, and expanding the basket of contraceptives.
- Establishing the White Ribbon Alliance for Safe Motherhood in India, a pilot project on birth preparedness, and community-based advocacy initiatives on safe motherhood.
- Piloting adolescent reproductive health (ARH) service delivery in three states and developing a boys' family life education curriculum that is now used in 11 states.
- Integrating RH services and infectious disease service delivery.

Community-Level RH Services

CEDPA provides technical assistance to the State Innovations in Family Planning Services Agency



Photo: Richard Lord

(SIFPSA), the implementing partner for the Innovations in Family Planning Services (IFPS) Project. The project, a 12-year, \$325 million RH project funded by the U.S. Agency for International Development (USAID) is aimed at reducing fertility in Uttar Pradesh (UP), India's most populous state. To increase access to RH services, SIFPSA builds the capacity of private-sector organizations to provide community-based family planning and reproductive health (FP/RH) services throughout 33 districts.

CEDPA worked with the IFPS Project to scale-up and improve the quality of the community-based distribution (CBD) approach in the states of UP, Jharkhand, and Uttaranchal. In UP, CBD services tripled from seven million to 22 million population coverage, 26 percent of the entire project area. A cadre of 7,800 female CBD workers are going door-to-door providing counseling, pill and condom distribution, referrals for clinical RH services, and follow-up to 724,000 childspacing clients.

Sustaining Service Benefits

Through the partner agencies of SIFPSA, CEDPA also piloted and took to scale, strategies for increasing sustainability of FP/RH benefits through social marketing, cost reduction, cost recovery, and community ownership and management.

At the request of USAID/India, CEDPA worked with the Child Aid and Sponsorship Program (CASP) to integrate sustainability measures into their existing reproductive and child health services in urban slums. After two years, CASP reduced operating costs in its clinics by 72 percent while more than doubling clinic visits and maintaining their contraceptive prevalence rate. Although salaries were discontinued, female community health guides continued to mobilize and provide services as they transformed into social entrepreneurs and established community-based organizations to manage the clinical services and local ambulance.

Advocating for Safe Motherhood

In 1999, CEDPA launched the White Ribbon Alliance for Safe Motherhood in India (WRAI). This coalition has grown to include 58 member organizations with six state branches. With support from the ENABLE project, CEDPA served as its secretariat. The WRAI has become a technical advisory resource to the government of India.

CEDPA is piloting an initiative to incorporate birth preparedness into existing CBD programs. This project has mobilized safe motherhood advocates and CBD workers to inform families about actions they can take to prevent maternal and newborn deaths. Major project outcomes include:

- WRAI held grassroots and media campaigns in 1999, 2000, and 2001 throughout India, reaching hundreds of millions with messages on how to prevent maternal deaths.
- Advocating for the government to prioritize safe motherhood and implement best practices has culminated in policy and programmatic changes, the initiation of training for skilled birth attendants,

integration of birth preparedness/complication readiness into maternal health strategies, and the declaration of a National Safe Motherhood Day.

- A birth preparedness package has been adapted and piloted in India.

Promoting Adolescent Health

Under ENABLE, CEDPA piloted ARH service delivery and provided family life education to more than 9,000 adolescent girls and boys in three states. Its four NGO partners provided a comprehensive package of RH and nutrition services, skills development, and recreational activities. Adolescent girls received iron supplementation, tetanus toxoid immunization, and nutrition counseling. Both boys and girls received general health care, health counseling, and treatment for reproductive tract infections.

Integration of Services

In Jharkhand State, CEDPA provided assistance to Krishi Gram Vikas Kendra (KGVK), a community organization that has worked to curb infectious diseases by expanding services and making them more sustainable. KGVK reactivated six subcenters, expanded its current outreach services from 19 to 40 villages, and introduced outreach services in 20 surrounding villages.

Results to date include:

- Six subcenters were reactivated through community participation and RH services were integrated with services for treatment of malaria, tuberculosis, leprosy, and sexually-transmitted infections.
- Social marketing of RH commodities was initiated; now the majority of spacing clients are purchasing social marketing products.
- KGVK established the Jharkhand HIV/AIDS Prevention Consortium made up of industries, NGOs and the government. This is the first of its kind in India.

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